

**Standard Package Mental Health
For
Midwife and Nurse,
Working in the BPHS in Afghanistan**

The Standard Package includes:

- ✔ **Introduction to Mental Health in BPHS**
- ✔ **Mental Health**
- ✔ **Socio-cultural-interpersonal relationships and conditions in Afghanistan**

Mental Health

For

Midwife and Community Supervisor or Nurse,

Delivering Basic Psychosocial Counselling Services

In the BPHS in Afghanistan

Mental Health Department of the MoPH
Kabul-group-08

Kabul-group-08

In fall 2008 under the leadership of Dr. Alia, the head of the Mental Health Department of the MoPH of the Islamic Republic of Afghanistan the following members of the Kabul-group-08 have met for three workgroups and have worked together on the contents of this training manual to support the integration of psychosocial care into the mental health component of the BPHS.

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Mental health

Mental health is as an indivisible component of general health, is a broad concept includes psychological well-being as well as mental illnesses and problems. It is defined as a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to the community. In reality, mental health is a broad concept, and in some way or other concerns everyone in society.

Mental health is not just the absence of mental disorder. Many factors influence mental health well being of people mostly stress. Followings are main factor which shapes mental health:

- Family environment
- Workplace
- Social environment

Some characteristics of mental health are as follow:

- Self-Awareness
- Accurate self-perception
- Realizing one's full potential
- Independence in thought and action
- Accurate perception of reality
- Social and occupational ability to deal with environment
- Commitment to society
- Openness and flexibility.

I Psychosocial health

Psychosocial health is defined as being mentally, emotionally, socially, and spiritually well which includes well-being, self-esteem, affective states, and sensory and cognitive functioning of a person.

Many factors influence psychosocial health of people:

1) External factors that influence psychosocial health are

- The family
- The wider environment
- Social supports and social bonds

2) Internal factors that influence psychosocial health are

- Self-efficacy
- Learned experiences (helplessness versus optimism)
- Personality
- Lifespan and maturity



There many factors which protect psychosocial well being of people such as:

- Belonging to a caring family or community
- Maintaining traditions and cultures
- Having a strong religious belief

II Psychosocial stress

Psychosocial stress is a fact of daily life and is the result of both the good and bad things that happen. The importance of psychosocial stress lies in fact that too much stress can cause serious health concerns, but there are many ways of dealing with stress that can reduce the risk.

Some common psychosocial problems are:

- Family conflicts
- Unemployment
- Security problems
- Loss of a loved one
- Financial difficulties
- Disagreement with others
- Homelessness
- A life threatening illness
- Consequences of war and traumatic experiences

Response to stress varies in people and can be physical, psychological and social.

Some of the signs which show person in under stress include:

- Feelings of irritability, sadness or guilt
- Change in sleep patterns
- Headache and/or body pain
- Tiredness
- Worries and negative thinking
- Difficulty in concentrating or making decisions
- Loss of interest, enjoyment
- Restlessness
- Use of substance or alcohol

Prolonged stress as well as increased intensity symptoms of normal stress response causes distress. Distress does not mean that a person is mentally ill.

Distress like stress can have physical, psychological and social consequence:

- 1) Physical: headaches, body pain, palpitation, tiredness, sweating, low appetite, sleep problem, gastrointestinal disturbance etc
- 2) Psychological: impaired concentration, forgetfulness, irritability, difficulty in making decisions, worries, fearfulness, feeling sad or depressed, anger and aggressive acts etc
- 3) Social: withdrawal, difficulty in doing daily routines, difficulty in workplace or school, relationship problems with family, friends etc, loss of interest, use of substances or alcohol etc

Coping is what people try to overcome negative effects of stress, when exposed to stressful events. Thus coping is a way to prevent, delay, avoid, or manage stress.

Examples of ways people cope with a stressful event are:

- Seeking help from others or offering help to others
- Talking about their experiences and trying to make sense of what happened
- Hiding until the danger has passed
- Seeking information about the welfare of their loved ones
- Praying, visiting shrines
- Setting goals and making plans to accomplish them
- Using defences like denial to reduce the impact
- Remaining fearful and alert to any further danger
- Thinking long and hard about the event to learn from it.



If you see patients who have such psychosocial stressors in their life's and thus suffer from stress refer them to basic or professional psychosocial counselling if available either on BHC or CHC level

III Psychosocial counselling

Psychosocial counselling is a problem solving and resource orientated approach, which helps people to overcome difficult and stressful life situations and events. Such psychosocial stressors can be the root of mental illness and can eventually lead to chronic illness.

The aim of psychosocial counselling is to enable the client who comes and seeks help to regain a state of psychosocial wellbeing:

- To be able to have good relationships
- Being able to solve conflicts
- To use his/her own and surrounding resources
- To live a meaningful life

- a. Nowadays many people in Afghanistan feel helpless and powerless. They feel victimised and have the feeling of having no influence on their lives.
- b. In a victimized state, one accepts whatever he/she faces.
- c. Most of Afghans feel victimized due to social/cultural restrictions and events such as war, invasions, and migration and their consequences on every day life.

The following factors play an important role in the process of victimization:

- Social factors (tradition, value, politics, war, period of dictators)
- Learned behaviour
- Climate factors

- People feel victimized by the political situation due to living in different situations of occupation, civil war and periods of dictatorship without having had possibilities to do anything about it.
- A further relevant example could be the situation of a Afghan women: According to tradition and culture they are expected to be obedient and even to tolerate violence to a certain degree.



The possibilities of psychosocial counselling

- **Psychosocial counselling** helps to reconnect people who feel victimised to their potential and such enable them again to participate actively in their lives.
- **Psychosocial counselling** also can help people who feel socially isolated for different reasons to be able to reconnect to family and friends.

- **Psychosocial counselling** explores the relationship of somatic, depressive and other symptoms with the problem and searches for possible causes and ways how to resolve such problems.
- **Psychosocial counselling** helps to explore the resources of the person and thus reconnects people with their strong points.
- **Psychosocial counselling** helps when people cannot see a way out of a difficult family situation or other interpersonal conflicts.

The process of counselling

In psychosocial counselling a professional helping relationship between the counsellor and the client will be established. This relationship is built on certain skills of the counsellor and follows certain principles. Both the client and the counsellor together try to find a good and supportive way to deal with the client's problems. The counsellor should avoid being a judgmental advisor as well as showing him/her-self in a superior position. The task is to help the client to find a way how to deal with his problems in a positive and good way.

Why does psychosocial counselling work?

The human relationship between the counsellor and the client is the most important factor in counselling. We all need to have a witness for what has happened to us in our life and what we have experienced. To see and experience empathy from the counsellor helps to connect to own feelings. It helps to reassure people that their feelings and the experiences are true and had a severe impact on their lives.

Many clients with psychosocial problems retreat and are slowly getting in a social isolation within their families. Often they do not want to burden the other members of the family with their experiences. Those experiences might be connected with feelings of shame. For instance, having lost control in a very difficult situation.

We all know the suffering of being separated and of feeling alone. In some magic moments the walls of separation break-down. When psychosocial counselling works the client again might be able to connect to his own self and to his social environment as well as his potential and possibilities. This are the moment we are searching for in psychosocial counselling.

The success of psychosocial counselling depends on the careful chosen psychosocial intervention technique and the skills of the counsellor.

V Abnormal behaviour

Abnormal behaviour is patterns of emotion, thought, and action supposed pathological for one or more of the following reasons: infrequent occurrence, violation of norms, personal distress, disability or dysfunction, and unexpectedness.

Abnormal behaviour has following main characteristics:

- Maladaptive behaviour
- Psychological dysfunction
- Distress to self and others

Abnormal behaviours are part of mental illnesses. The expression of mental illness is determined by culture. Symptoms of a mental illness that are prominent in one culture may be insignificant or absent in another and may even be interpreted as normal in a third.

Beliefs about mental illness are linked with concepts of religion, social values, norms and ideals of human relationships. This is true of any culture. These shared beliefs determine the nature of traditional medicine and provide the framework for interpreting symptoms and guiding action in response to the illness.

People rarely have insight into their own culturally learned ideas and values regarding normal and abnormal behaviour including mental illness. On the other hand, typically these values are seen as correct and proper for everyone.

VI Mental illness

Mental illness refers to the abnormal behaviour of a person who displays some or all of the following characteristics:

- Abnormality in thinking, memory or orientation
- Delusions and abnormal beliefs
- Abnormal perception
- Inappropriate or otherwise impaired emotional responsiveness
- Social maladjustment
- Impaired reasoning or intellectual functioning
- Impaired judgment or impulse control
- Unrealistic self-appraisal.

In general a mental illness has following characteristics:

- Abnormal behaviour(s) as mentioned above
- Causes distress to self and others
- Interference in daily routines such as school, work, relationship etc.

The diagnosis and interpretation of problem provides a language for both the patient and the health staff by which they each can conceptualize the distress. This process gives reassurance, dictates treatment and assigns meaning. If the two do not share the same view the treatment is likely to fail or to be less effective. The intervention must be culturally relevant.

Common causes of mental illness are:

1) Biological factors:

- Genetic abnormality
- Brain infections
- Brain injuries and trauma
- Prenatal damage
- Malnutrition or lack of micronutrients

2) Psychological factors:

- Poor coping skills

- Low self esteem
- Childhood trauma or other trauma
- Transition points in life cycle

3) Social factors:

- Life events e.g. bereavement, job loss, accidents
- Unemployment, migration, poverty, gender inequity, violence, insecurity, chronic conflicts.

VII Stigma and mental illness

The stigma of mental illness is real, painful, and damaging to the lives of people with mental illness also to their families. Stigma prevents patients from getting the treatment and support they need to lead healthy, normal lives. Mental disorder is an illness that can be treated; in general, people with mental illness have no intellectual impairment and can live, work and become active members of the society when their mental health problem is controlled.

Stigma towards person with mental illness is best defined as:

- Ignorance
- Prejudice
- Discrimination

VIII Mental Health and Human Rights

People with mental illnesses are some of the most neglected people in the community. In many communities, mental illness is not considered a real medical condition, but viewed as a weakness of character or as a punishment for immoral behavior. People with mental illness are exposed to a wide range of human rights violations. The stigma they face means they are often excluded from society and fail to receive the care they require.

Some common violations seen are:

- Exclusion from society
- Lack of required medical care
- Restraining, beating and other physical abuse
- Left hungry
- Subject to abuse and neglect
- Denial of education, employment, housing
- Confined in caged beds
- Deprived of clothing, decent bedding, clean water or proper toilet

Initiatives for preventing human rights violation of patient with mental illness are:

- Change attitudes and raise awareness
- Improve human rights in mental health facilities
- Empower mental health service users and families
- Replace psychiatric institutions with community care
- Increase investment in mental health
- Adopt policies, laws and services that promote human rights

Health care workers should:

Respect the dignity of patients

- Protect the rights of patients
- Promote the autonomy and liberty of people with mental illness
- Ensure that informed consent of patient is the basis for all treatment
- Involve patient in the development of their treatment plan.
- Involve families in the treatment and care of their relatives with mental illness

IX Mental Health Assessment

The purpose of mental health assessment is to provide information about a person's behavior, thoughts and feelings and the relation of these factors to the person's background, experiences and present circumstances. It helps health staff in describing, diagnosing and eventually treating problems. The information may be gathered from direct interviews with the person or from relatives.

An important issue for assessment is communication. Communication is most effective when the participants share a common tongue, so that verbal and nonverbal messages and cultural meanings are clear.

Good communication can be learned. Here are some communication skills:

Communication skills

In dealing with people who are suffering from mental health problems it is not only important what you communicate but also how you communicate.

First and most important is the ability to have empathy with the patient and to be able to communicate this understanding and feeling to the patient.

Being empathic is a very important skill, which enables the counsellor to get a very differentiated and clear feeling of the inner-world of the client. In afghan society empathy is a common used characteristic, as family-structures require and use it all the time! Daughters feel the pain of their mothers', when leaving the house very intensive; children also feel the expectations of their parents', as they were there own! And often these produce a very similar feeling in them-selves, so that they can understand the inner emotional world of their beloved! This empathic skill should be activated when talking to clients. Put yourself in the shoes of the client and try emotionally to understand and feel how the clients' feelings might make an impact on you. Being empathic does not mean to identify with the client and his problems (feeling as if you were in the same situation as the client.) At all times it is important for the health staff to be able to discriminate between the client and his problems and his own life and problems.

1) Attending skills

- Attending acts as a basis for listening to and observing the client
 - ⇒ Attending well to the client places you in a good position to listen to them, to both their verbal and non-verbal messages!
- There are different ways in which you can show that you are attending to the client:

a) Posture

- ⇒ Your posture needs to be “open”, so that you signal that you are willing to engage with the client. Do not cross your arms in front of your chest
- ⇒ Face the client directly, sit in a centred way,
- ⇒ Be natural and communicate your interest in you client in your own natural way
- ⇒ The client will be watchful of you and your reaction to what he says, therefore you need to be aware of the information that your facial expression might convey!



Attending to clients is a way of giving them your presence

2) Observing skills

- The way clients are dressed, their tone of voice, their gestures and postures will give you important information and will either confirm or conflict with their verbal messages. Use your own intuition and knowledge, which comes from your feelings to gain a better understanding of the client.
- Observing clients carefully will help you to develop your understanding of them
- Focusing on the incongruities and inconsistencies between clients' verbal and non-verbal behaviour makes the exploration much easier! Your observation can be communicated to the client in a careful way. This might help the client to dare to say something, which he is afraid to say from himself for whatever reasons.

3) Listening skills

Listening is not just hearing what the client says. It involves attending to, receiving and understanding messages that clients are sending both by what they say and by what they do.

- Your purpose in listening is to reach a common agreement about:
 - ⇒ What concerns the client
 - ⇒ How the client experiences his/her concerns
- You will be listening “actively”, which means that you are listening with purpose and communicating what you have listened to and understood

4) Reflective Skills

Summarising

Using summaries enables you to bring together clear aspects of the session in an organised way, so that you and your client can look at it from the outside!

- Summaries focus on what the client has said and do not include sharing your own perception
- The most useful summaries are those, which give some coherence and order to what the client has been saying!

For Example:

Counsellor: *From what you have said so far, you seem to feel resentful and angry about the way in which you were treated unfairly by your inlaws. You also seem to compare yourself unfavourably with your sister in law and see your achievements as inferior to hers.*



Questions

1) **Open questions**

⇒ They allow to receive information and encourage clients' involvement

 For example, a client who is talking about arguments with his wife, you might ask:

⇒ *What usually happens when you argue and what happens usually shortly before?*

⇒ *Where do you argue?*

⇒ *How does it usually end?*

⇒ But do not ask questions, which are too broad, as they are very difficult to answer

⇒ Open questions are useful for the beginning of a session, as they give the clients' concern much space

⇒

2) **Closed questions**

⇒ These invite clients to answer "yes" or "no", and are mainly used to gain specific information therefore they have the capacity to silence the most talkative client.

⇒ There is no real exploration possible,

 You can see this in the following example:

⇒ **Counsellor:** *Have you told your wife that you have applied for this job?*

⇒ **Client:** *No, not yet.*

- ⇒ **Counsellor:** *Are you going to?*
- ⇒ **Client:** *Yes, eventually*
- ⇒ **Counsellor:** *Do you think she does not like it?*
- ⇒ **Client:** *Yes, I do.*
- ⇒ **Counsellor:** *Is it difficult for you to talk to her?*
- ⇒ **Client:** *Yes, I suppose so.*
- ⇒ Only use closed questions, when you want to establish certain facts or to check information!



- Questions will have positive and negative effects
- Well-timed, clear and open questions will have several positive effects



**All these skills need to be exercised well.
In the counselling process they must come naturally!
Important is to use them in the right mixture**

The following points are helpful during interview with a patient:

- Be respectful and polite.
- Maintain eye contact
- Use the person's name
- Speak slowly, do not shout.
- Ask open ended question at the beginning
- Ask closed ended question at the end
- Discuss confidentiality
- Explain impressions of feelings and emotions
- Ask for a summary of what has been discussed if needed.
- Be alert for incongruence between verbal and nonverbal clues
- Ask any suspected problems.
- Choose the appropriate words for possibly sensitive or taboo subjects



Collecting required information needs skills of putting questions in order. The common approach is asking open ended questions in the beginning and having relevant question based on patient's information. Closed ended questions should be asked latter when confirmation is needed and time is short.

1) The following are examples of open ended questions:

- What seems to be the problem?
- Tell me about the thoughts which have been bothering you?
- How well have you been sleeping?
- How do you deal with problems in your life?
- Let's talk about your work?
- Any experience with drugs (e.g. heroin)?
- What do you think about your family?

2) The following are examples of focused or closed ended questions:

- How many hours did you sleep last night?
- Have you been thinking about harming yourself?
- How much heroin have you been taking?
- Do you have headache?
- Did you go to a doctor for your problem?
- What medications are you taking?

Psychiatric history

All information described below may be necessary to collect for all patients. It all depends to the knowledge and experience of health staff how and when to collect such in formations. The focus should more on current problem.

Followings are main parts of psychiatric history:

a) Identifying information: Age, sex, marital status, education, occupation, referral source.

b) Chief complaint: Reason for consultation; the reason is usually a direct quote from the patient or from relatives.

c) History of present illness:

- Current symptoms: date of onset, duration and course of symptoms.

- Previous psychiatric symptoms and treatment.
- Recent psychosocial stressors: stressful life events that may have contributed to the patient's current presentation.
- Reason the patient is presenting now.
- Historical evidence in this section should be relevant to the current presentation.

d). Past psychiatric history:

- Previous and current psychiatric diagnoses.
- History of psychiatric treatment, including outpatient and inpatient treatment.
- History of psychotropic medication use.
- History of suicide attempts and potential lethality.

e) Past medical history:

- Current and/or previous medical problems.
- Type of treatment, including prescription, over-the-counter medications, home remedies.

f) Personal and social history:

- If related collect information on childhood and adolescence period, education, occupational background, social adjustment, sexual history, substance abuse, legal problems, outstanding life events e.g. displacement, military service, jihad etc, source of income, social support/network etc.

g) Familial history

- Such as birth order, relationships with siblings, mental health of family members, relationship with parents etc

h) Mental Status Examination:

1. Appearance

- Physical condition and general health
- Dress, posture, attitude
- Eye contact,
- Relatedness to interviewer, cooperation

2. Behaviour

- Motor activity
- Gestures and abnormal movements
- Awareness of environment

3. Speech

- Rate and fluency

- Barriers to communication

4. Mood

- Appropriateness
- Overall impression (depressed, anxious, angry, apprehensive etc)

5. Thought

- Flight of ideas
- Hallucinations: hearing voices, seeing unusual things, etc
- Delusions: suspiciousness, black magic, being plotted or controlled, thoughts about jinns and jado etc
- Obsessions/Compulsions and fears of things or situations
- Sense of self importance eg being powerful man etc
- Hopelessness, worthlessness, suicidal or homicidal ideation

6. Reality Orientation

- Knowledge of time, place, month and year
- Remote and recent memory
- Judgment
- Insight and awareness about current problem



Summary of main findings

History

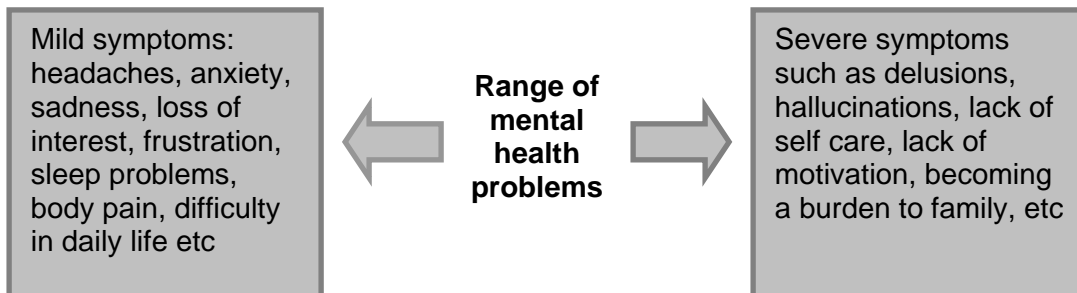
Mental status examination

X Mental health problems in BPHS

Mental health problems are very common in Afghanistan. It is clear that three decades of war and subsequent impacts on life of people have resulted to a huge mental health problem. In a study of general population in 2004, the percentage of people with mental illness symptoms were as high as 70 %. Some mental health problems are more common among women but some groups such as war disabled, ex-combatant, widows, returnees and children are more vulnerable to such problems.

Following mental health problems have been discussed in this section:

- Common mental illnesses
- Severe mental illnesses
- Substance abuse and dependence
- Childhood mental illnesses
- Epilepsy (not actually a mental illness)



Common Mental Health problems/illness

Mild mental illness is very common but less troubles others. Mild mental illness causes more distress to person. People, in most of the cases, may not notice that something is wrong with the patient.

Common characteristics are:

- Somatic complaints are prominent
- Causes relationship problems
- Decreases quality of life
- Person can continue the job or study
- Decreases productivity in work
- Can become chronic
- May cause substance use or unnecessary medication
- Severe symptoms may emerge

Mild mental illness comes in many types, some common types are:

1) With change in mood: This is a common illness among women and men. There are psychological and physical symptoms present:

a) Psychological:

- Unusual sadness which is persistent
- Loss of interest, not enjoying life
- Concentration problem not remembering things
- Hopelessness, helplessness
- Feelings of guilt, worthlessness
- Lack of self confidence
- Death wish or suicidal ideation

b) Physical:

- Headaches and back pain
- Generalized body pain
- Sleep problem
- Tiredness in the morning or after minor things done
- Digestive problems

What you can do:

- Help the person in discussing how they are feeling.
- Listen to the person without judging them as weak.
- These problems are not due to weakness or laziness - the person is trying to cope.
- Don't tell that every thing is fine.
- Don't be critical of them.
- Don't express your frustration at the person for having such symptoms.
- Don't give glib advice such as every thing is fine or cheer up

Help the person and the family to feel hopeful and optimistic and to realize that:

- Patient has a real medical condition
- Symptoms are part of a common mental illness
- This is not a weakness or character defect
- This is not laziness, the illness makes people motivationally challenged
- Effective treatments are available for the problem
- Help is available from a doctors and/or counselor
- It takes a while to develop this illness and sometimes it takes a while to resolve, but will get better faster with the right help.
- Anybody can have such problem
- Family support is very important
- Encourage person to continue normal life activities
- Person should not be isolated



Refer the patient to nearest health facility where psychosocial counselling and mental health service is available.

2) With worries and anxiety: Anxiety is a way for overcoming difficulties in normal life, usually goes off when the problem is solved. Anxiety can appears without any apparent reason and can be continuous or episodic.

a) Psychological symptoms:

- Excessive worries about life
- Expecting possible bad event
- Worries about ill health
- Fear of having heart attack or dying
- Irritability

b) Physical symptoms:

- Palpitation
- Increased sweating
- Chest pain
- Difficulty breathing
- Numbness at hands
- Trembling
- Restlessness, can not relax
- Dizziness

What you can do:

- Listen to the person without judging them as weak.
- These problems are not due to weakness or laziness - the person is trying to cope.
- Don't be critical of them.
- Don't express your frustration at the person for having such symptoms
- Don't give advice such as every thing is fine.
- Avoid confrontation unless necessary to prevent harmful acts.

Help the person and the family to realize that:

- It is a real medical condition
- This is a common illness
- It is not a weakness or character defect
- Effective help is available for overwhelming worries/anxieties
- Skills can be learned to reduce the effects of worries and anxiety
- Anxiety can be unpleasant but is rarely harmful
- Anybody can have such problem
- Family support is very important
- Encourage person to continue normal life activities
- Person should not be isolated



Refer the patient to nearest health facility where psychosocial counselling and mental health service is available.

3) With Fearing situations or objects: Fear is a normal phenomenon if it is appropriate and realistic. Fear of dark is normal during childhood but is not normal in adulthood. Some people have unrealistic and inappropriate fears when faced feared object or situation. They experience palpitation, sweating, dry mouth, restlessness, unsteadiness etc. Some common fears are: fear of injection, blood, airplane, crowd, height, animals e.g. snakes, scorpion etc also fear of authority people, being observed by others etc

What you can do:

- Listen to the person without judging them as weak.
- Tell that problems are not due to weakness or laziness
- Don't be critical of patient.
- Don't express your frustration at the person for having such symptoms
- Don't give advice such as every thing is fine.
- Avoid confrontation unless necessary to prevent harmful acts.

Help the person and the family to realize that:

- It is a real medical condition
- This is a common illness
- It is not a weakness or character defect
- Effective help is available for overwhelming fears/worries/anxieties
- Sills can be learned to reduce the effects of fears
- Anxiety due to ear can be unpleasant but is rarely harmful
- Family support is very important
- Encourage person to continue normal life activities
- Person should not be isolated



Refer the patient to nearest health facility where mental health service is available.

4) With obsessive thoughts and rituals: Repeated unwanted thoughts, ideas, beliefs are related to normal life and is called obsession. Obsessions cause excessive anxiety for person, in turn the person is obliged to perform certain acts for reducing anxiety and distress. This is called compulsion.

- a) **Common obsessions:** Fear of dirt, fear of contamination, concern with orderliness, to do thongs perfectly, doubting things done e.g. locking door, sinks, switch etc
- b) **Common compulsions:** Cleaning, washing, checking, and counting.

What you can do:

- Listen to the person without judging them as weak.
- Tell the problem is not due to weakness or laziness
- Don't be critical of patient.
- Don't express your frustration at the person for having such symptoms
- Don't give advice such as every thing is fine.
- Avoid confrontation with patient
- Express your impression about the problem

Help the person and the family to realize that:

- It is a real medical illness
- This is a common illness in Afghanistan
- It is not a weakness or character defect
- Anybody can get his problem
- Effective help is available for overwhelming obsessions and compulsions
- Skills can be learned to reduce the effects of obsessions and compulsions
- Anxiety due to obsession can be unpleasant but is rarely harmful
- Family support is very important
- Encourage person to continue normal life activities
- Person should not be isolated



Refer the patient to nearest health facility where professional psychosocial counselling and mental health service is available.

5) With fainting and unresponsiveness: Some people express their emotional distress through physical symptoms. This is called conversion which helps people to survive a stressful event in life. Conversion is a mental process in which the connection between sensations and motor functions are altered. The result can be change in body functions such as sensation and motor activities. Onset is often following psychological stress or difficult personal circumstances. There are many types of conversion with change in motor or sensation functions in the body, most common symptoms are:

- Unresponsiveness with sudden fall
- Inability to move a limb (paralysis)
- Sudden blindness or deafness
- Abnormal gait or movements or loss of balance

- Loss of sensation in parts of the body e.g. numbness

A common form is fainting with unresponsiveness which is usually mistaken for a life threatening illness by family members. Symptoms usually appear suddenly following a stressful experience. The physical manifestations appear involuntarily, and a medical examination does not show any clearly defined physical cause for the dysfunction.

There effective treatments for conversion disorder and the aim of treatment are to bring about increased coping with stresses and to foster a sense of empowerment.



Effective treatment is a combination of many methods, but always includes psychosocial interventions.

What you can do:

- Listen to the person without judging them as weak.
- Tell that problems are not due to weakness or laziness
- Don't be critical of patient.
- Don't express your frustration at the person for having such symptoms
- Don't give advice such as every thing is alright.
- Avoid confrontation with patient's ideas and concern.

Help the person and the family to realize that:

- It is a medical condition
- This is a common illness
- It is not a weakness or character defect
- Effective help is available from psychosocial counselor to overcome the problems
- Skills can be learned to reduce the effects of stressful events
- There are other ways to express emotional distress
- Anybody can get such problem when under pressure
- Family support is very important
- Encourage person to continue normal life activities
- Person should not be isolated



Refer the patient to nearest health facility where mental health service is available.

I Management of mild mental health problems

Many people with mental illness do not seek any help for their problem. People with mild mental illness know about their suffering but do not seek help due to a variety of factors including being stigmatized. People with the less common mental illness, such as psychosis, generally do not consider themselves ill so do not seek help but usually get professional help because the relatives seek help for them.

There are effective treatments available for mild mental illness such as psychosocial treatment and pharmacological treatment. Most cases of mild mental illness can be managed with psychosocial intervention but some may need medication. Even with medication patients need psychosocial interventions. Medication improves symptoms but problems such as coping difficulty with stress, low self esteem; unwanted worries, decision making etc remain or reemerge. Common medications used are antidepressants such as Amitryptaline and Fluoxetine and benzodiazepines such as diazepam.

1) Some benefits of pharmacotherapy:

- Improved sleep
- Decreased worries
- Reduced physical complaints
- Decreased negative thoughts

Some common disadvantages of medications are:

- Abuse and dependence

Psychosocial interventions help to overcome difficulties not helped by medication.

2) Some benefits of psychosocial interventions:

- Better understanding of the problem
- Awareness about ways of coping with problems
- Improved coping with stress
- Improved confidence
- Improved decision making and problem solving
- Better work performance
- Improved relationships
- To be able to solve the conflicts

- A better use of own and other available resources such as family, community.

Severe mental illness

Severe mental illness is called psychosis which can be acute or chronic and disabling if not treated. Psychosis is defined as being out of touch with reality. Psychosis is a less common condition and may cause more problems to family and others in the community. The changes are more severe and affect all aspects of personality.

Each person will have different symptoms; the common feature is that they are not experiencing reality like most people. These patients at time become agitated and may endanger themselves or others but they are not that dangerous as perceived. Abnormal behavior in psychosis can be noticed by any one when faced a patient.

Common characteristics are:

- Detachment from reality
- Abnormal beliefs or delusions
- Abnormal perceptual experience or hallucinations
- Lack of self care
- Wandering tendency
- Abnormal emotional response
- Social isolation
- Difficulty in daily life
- Psychological disability

Delusions are unshakeable beliefs that are obviously untrue. For example, an ill person might strongly believe that there is a plot to harm them or that they are being spied on or being controlled by aliens. Hallucinations are when someone sees, hears, smells or feels something that isn't really there. The most common hallucination that people have is hearing voices, seeing things. Severity of the symptoms varies from time to time and in each patient. People with psychoses are not aware that what they are experiencing or some of the things that they believe are not real. There are many types of psychosis.

a) Acute psychosis

Acute psychosis begins abruptly and its main feature is loss of testing reality. Common changes are abnormal perceptions, unusual thoughts, change in emotion/mood and disturbed behavior.

Some people only have a single episode and make a full recovery; for others, it is a longer process. Most episodes may last one month.

People with acute psychosis:

- Hear, smell, feel or see things which other people do not (hallucinations)
- Have strange thoughts or beliefs which may make the person feel they are being controlled (delusions)
- Feel persecuted, harassed or poisoned (delusions)
- Have muddled or blocked thinking (thought problem)
- At times seem unusually excited and aggressive
- May become withdrawn and avoid contact with people
- Neglect their self care
- Not realize that there is anything wrong with them (lack of insight).

Important points to remember are that they:

- Have problems with understanding reality and thinking clearly
- Talk to them self and/or appears to be listening to something else
- Have problems communicating effectively
- Lose interest in their personal appearance and life in general
- Can be restless, irritable or tense and anxious
- Avoid other people
- Can be aggressive or violent (in a minority of cases)
- Can have suicidal or homicidal behaviour

b) Chronic psychosis

It is a form of psychosis with a long lasting abnormal behavior and fluctuation of symptoms. It is called schizophrenia. People suffering from chronic psychosis or schizophrenia may have the following symptoms: delusions, hallucinations, disorganized thoughts, and disorganized speech, catatonic behavior (in which the affected person's body may be rigid and the person may be unresponsive).

There are two groups of symptoms, which are described as positive and negative:

Positive symptoms

Delusions: Delusions are false beliefs of a patient not supported by others. The person may believe that they are someone superior, or they may believe that other people are out to harm/kill them or controlling them. They will believe that this is true despite what others say.

Thought disorder: When someone is not thinking straight and it is hard to make sense of what they are saying. Their ideas may be irrelevant, jumbled up or blocked.

Hallucinations: Hallucination are when someone sees, hears, smells or feels something that isn't really there. The most common hallucination that people have is hearing voices. This can be very frightening and can make them believe that they are being watched or being harmed. As such, hallucinations are totally real to the person having them. People who are having these experiences may act strangely for example; they may talk or laugh to themselves as if talking to somebody can't be seen.

Agitation: Sometimes there will be anger and aggressive behavior in chronic psychosis which puts patient and others in danger. Usually patients are not that dangerous perceived by others but preventive measures should be considered all the time.

Negative symptoms

The person suffering from schizophrenia may become withdrawn and can appear unemotional. They seem to lose interest, stop washing regularly or spend a lot of time on their own. They are not able to carry on with their normal activities and usually find it impossible to concentrate on work or study.

c) Mania

The main feature of mania is extreme changes of mood. It can be so intense that it affects the thinking and judgment. The person may believe strange things about self, make bad decisions, and behave in embarrassing, harmful and dangerous ways. They can also experience delusions and hallucinations. Delusions are focused on self importance e.g. being powerful, having special ability etc. Mania can alternate with periods of depression. Patients do not accept that thing is wrong with them.

Common symptoms of mania are:

- unusually happy and excited
- Increased activity
- Feeling more important than usual

- Poor judgment, making odd decisions, new ideas, plans
- Decreased need for sleep
- Irritability and poor temper control
- Rapid speech, people may not understand them.
- High risk behaviour e.g. gambling, risky investments, reckless driving etc
- Psychotic symptoms: delusions, hallucinations.

What you can do for people with psychosis:

- Listen to the person without judging them as weak.
- These problems are not due to weakness or laziness.
- Speak calmly, clearly and in short sentences.
- Do not criticize them.
- Don't express your frustration at the person for having the symptoms
- Avoid confrontation unless necessary to prevent dangerous acts.
- Do not argue with the person about their delusions and hallucinations.
- Accept that these irrational thoughts or perceptions are real for them.
- Do not pretend these hallucinations or delusions are real to you.
- Do not try to humour them or agree with them.
- Do not threaten the patient

Help the person and the family to realize (if not disturbed and is cooperative) that:

- You want to help them
- They have a real medical condition
- Psychosis is not a common illness but it is well known and treatable
- Psychosis is not a weakness or character defect
- Effective medications are available to relieve their confusion and distress.



Refer the patient to nearest health facility where mental health service is available.

Treating severe mental illness

People with psychosis often do not believe that they are ill or that they need treatment. Treatment should be started as soon as possible to help the most disturbing symptoms and can make it possible for other kinds of help to work. If the person has the symptoms for the first time, it is important to see the doctor as soon as possible. If the person refuses to see a doctor, the health staff or other trusted persons should try to persuade them to accept help.

Medication is an important part of treatment and often needs to be taken for a long time in order to stay well. As with medication of any kind, there may be side-effects; the doctor will be able to advise on what they are and about what can be done to help.

Medication plays an important part in the treatment of psychosis. It treats the symptoms of the illness and allows normal life to be resumed. Medication tends to be more effective with positive symptoms, less so with negative symptoms. Hallucinations and delusions may take some weeks to disappear.

A number of medications are available, and the doctor will advise which one is the best for patient. Antipsychotics such as chlorpromazine, haloperidol etc are used to treat psychosis. The treatment duration depends on the type of psychosis; this must be discussed with the doctor. Treatment of acute psychosis and manic episode may need many weeks. Chronic psychosis can recur, and may need long-term treatment. When treated properly, many people with psychosis can go on to lead a life that is enjoyable and fulfilling.

Other treatments used together with medication include psychosocial interventions when symptoms are controlled. In spite of successful pharmacologic treatment, many patients with chronic psychosis have difficulty with stress, motivation, activities of daily living, relationships, and communication skills. These patients lack social and work skills and experience. In these cases, the psychosocial treatments are helpful.

Childhood mental illness

Children can have mental problems like adults. Some problems are similar to adults but there are mental problems seen only in childhood. It is sometimes difficult to distinguish normal and abnormal behavior in children. But when behavior problem is severe the diagnosis is not a problem.

It is helpful to consider three general kinds of behavior:

- 1) **Some kinds of behavior are wanted and approved.** They might include doing homework, doing prayers, being polite, respecting elders etc. These actions receive compliments freely and easily.
- 2) **Other behavior is not sanctioned but is tolerated under certain conditions,** such as during times of illness (of a parent or a child) or stress (a move to new house, or the birth of a new sibling). These kinds of behavior might include not doing prayers, regressive behavior such as baby talk, or not eating food when angry etc.
- 3) **Still other kinds of behavior cannot and should not be tolerated or reinforced.** They include actions that are harmful to the physical, emotional, or social well-being of the child, the family members, and others. They may interfere with the child's intellectual development. They may be forbidden by law, ethics, religion, or social mores. They might include very aggressive or destructive behavior, stealing, truancy, smoking, substance abuse, school failure, or an intense sibling rivalry etc.

Mental Retardation

Some children have difficulty in learning new things and seem backward compare to their siblings or children of the same age. Such children may have developmental problem from early childhood e.g. the crawling, setting, walking, speech etc might have been delayed.

IQ	Category	Percentage	skills Attainment
85-100	Normal		
70-85	Normal not MR		
50-70	Mild MR	75 % of cases	<u>Educable.</u>
35-50	Moderate MR	15 % of cases	<u>Trainable.</u>
20-35	Severe MR	8% of cases	Needs Help
Below 20	Profound MR	2 % of cases	Dependent

Common features in mental retardation are:

- Delayed milestones such as sitting up, crawling, walking and speaking
- Continued infantile behaviour
- Decreased learning ability e.g. difficulties in school, difficulty in learning new things etc.
- Failure to meet intellectual developmental markers according to age
- Lack of curiosity
- Difficulty in self care
- Behaviour problems e.g. temper tantrums, head banging, bedwetting, etc

What you can do for children with mental health problems:

- Talk to them appropriate to their age
- Speak calmly, clearly and in short sentences.
- Help them to talk about their problems
- Listen to them without judging them.
- Explain that the problems are not due to weakness or laziness.
- Do not criticize them.
- Don't express your frustration at children for having the symptoms
- Involve family members e.g. parents, siblings

Help the children to realize that:

- You want to help them
- They have a psychological problem
- Children mental health problems are well known and manageable
- Any child can get such problems
- There are different childhood mental health problems
- Effective treatments are available.
- Parents and siblings support are important

Early recognition is very important because there are a number of reasons why early help is better:

- The children will be feeling lonely and distressed, and parents will be very anxious because they don't know what to do.
- Difficulties for a long time are likely to hamper children's normal development, affecting progress at school for example, or relationships with family and friends.
- Struggling with problems will weaken children's confidence and self-esteem, making it increasingly hard for them to cope.

- Problems are usually much easier to deal with in the early stages, before they have become well-established.
- Problems that are not dealt with may resurface in adult life and have a serious effect on the person's future.



Refer the children with mental health problems to nearest health facility where mental health service is available.

Substance use related problems

Substance abuse is the excessive use of that a substance such as opium, heroin, hashish etc. It is a growing problem among youth in Afghanistan. A 2005 survey showed that there are around 150000 opium users and 50000 heroin users in Afghanistan. Stigma and substance use are closely linked. Using a substance or alcohol does not in itself mean that a person has a substance use disorder.

Substance use disorders include any of the following:

- Dependence on substance or alcohol which leads to problems at work, school or home, or to legal problems
- Use of substance or alcohol at a level which is causing damage to health. The damage may be physical or mental.

The symptoms of substance dependence are:

- Tolerance for the substance: person needs increased amounts over time or gets less effect with repeated use
- Problems in withdrawal: person experiences withdrawal symptoms or uses the substance to relieve withdrawal symptoms
- Use of larger amounts or over longer periods than intended
- Problems in cutting down or controlling use
- More time is spent getting the substance, using it, or recovering from its effects
- The person gives up or reduces important social, occupational or recreational activities because of substance use
- The person continues using the substance despite suffering from its negative effects.

Common withdrawal symptoms of opium/heroin are:

- Runny nose and sneezing
- Severe body pain
- Frequent yawning
- Sleep problem
- Abdominal pain
- Diarrhoeas
- Restlessness
- Feeling anxious and depressed
- Efforts to get opium/heroin



Quitting a substance is difficult without others help although most people initially say they could do this. Most of them fail. Even with medical help the relapse rate is very high in our country.

Another common problem is abuse of **sleeping tablets** of benzodiazepines category. Benzodiazepines are usually prescribed for insomnia and anxiety related problems in medical practice in Afghanistan. Chronic abuse of benzodiazepines can lead to the following symptoms that mimic many of the indications for using them in the first place:

- Anxiety
- Insomnia
- Anorexia
- Headaches
- Weakness

Common symptoms of benzodiazepines withdrawal are:

- Depression
- Shaking
- Feeling unreal
- Appetite loss
- Muscle twitching and pains
- Memory loss
- Motor impairment
- Nausea
- Dizziness
- Seizures

What you can do:

- Listen to the person without judging them as bad or immoral.
- Do not criticize them of using substances.
- You can help them in the long term if you maintain a non critical approach.
- Try not to express your frustration at the person for having the problem
- Don't give advice such as every thing is alright.
- Avoid confrontation unless necessary to prevent harmful acts.

Help the person and the family to realize that:

- Substance use is a real medical problem
- Substance use problem is a common illness
- Some people are more prone to these problems than others
- Help is available for people to deal with substance or alcohol problems
- Family members support are essential
- Mental illness may underlie a substance use problem and there are effective treatments for anxiety and depression



Refer the patient to nearest health facility or a drug dependency treatment center for medical help.

Epilepsy

Epilepsy is a disease of the brain with a variety of causes; it is called “Mergi”. Epilepsy is not a mental illness, and it is not a sign of low intelligence. Epilepsy is more common in children but can occur at any age. There are many causes for epilepsy at times it is difficult to find a cause for it.

Some common causes are:

- Brain injury
- Brain infections e.g. meningitis, encephalitis etc
- Abnormal brain development
- Brain tumor
- Stroke and other vascular diseases
- Childhood infections

Epilepsy is an episodic illness, attacks occur in undetermined intervals. Between attacks patient looks normal. During attack, patient has involuntary movements and loss of consciousness which may last minutes. During an attack, the person may fall down, shake, stiffen, throw up, drool, pass urine, or lose control of their bowels. When attack ends, the person may feel sleepy and won't remember what happened.

Common symptoms of epileptic attacks are:

- Sudden fall
- Loss of consciousness
- Shaking and abnormal movement
- Turning blue
- Tongue bite and frothing
- Urine incontinence
- Up rolling of eye balls

After attack patient is confused and drowsy. Person can not remember what has happened during attack. In most cases, the person will have the similar attacks each time, so the symptoms will be similar from episode to episode. If not treated attacks may increase in number and duration.

Tips to help person during attack:

- Don't try to keep the person from moving or shaking.
- Don't try to wake the person by shouting at or shaking
- Remove items that could cause injury if the person falls or bumps into them.
- Don't move the person to another place.

- Slowly turn person on his or her side so any fluid in mouth can safely come out
- Never try to force the person's mouth open or put anything in it.
- Place something soft such as a pillow, under his or her head.
- Most attacks are not life-threatening.
- When the attack ends, watch for signs of confusion.
- Allow the person to rest or sleep if he or she wishes.

Once epilepsy is diagnosed, it is important to begin treatment immediately. If not treated, epilepsy restricts the life and person faces social stigma. Attacks can be controlled in up to 80 percent of cases with antiepileptic medicines. Epilepsy needs a long term treatment which should be continued under a doctors' guidance. Many epilepsy patients, also their family members need psychosocial counseling.

What you can do:

- Listen to the person without judging them as bad or immoral.
- Do not criticize them of having the symptoms.
- A non critical approach helps them in long term
- Don't express your frustration at the person for having the problem
- Don't give advice such as every thing is alright.

Help the person and the family to realize that:

- Epilepsy is a real medical problem
- This is a common illness
- Some people are more prone to epilepsy than others
- Epilepsy is a treatable disease
- Long term regular treatment is needed for epilepsy
- Person with epilepsy can get mental illness such as anxiety and depression
- With available treatment patients can live normal life like others



Refer the patient to nearest health facility where medical service is available for epilepsy.

Self harm/Suicidal Behavior

Self-harm is the act of deliberately hurting or harming oneself. Self-harm usually happens in a state of high emotion, distress and unbearable inner turmoil e.g. after a serious discussion with family. Self-harm is a way of expressing very deep distress. In Afghanistan self harm cases have been reported among women in recent years, there are self harm cases among men too.

Common methods used for self harm in Afghanistan are:

- Burning the body with kerosene
- Swallowing pesticide
- Hanging
- Drowning
- Cutting skin or throat
- Punching the body
- Taking tablets (medicine overdose)
- Throwing self from height

Some people self-harm only once or twice, but others may do it regularly. The strongest predictor of suicide is mental illness.

Some facts about self harm:

- Young people self-harm more but it can occur at any age.
- It is more common in young women than men.
- After self harm the chance of doing so increases for other family members
- People who self-harm are more likely to have experienced physical, emotional or sexual abuse in the past.
- Self harm can occur after relationship problems with spouse, friends and family members
- People who feel helpless and depressed may self harm
- Someone who has mental health problems is more likely to self-harm.



Suicide is considered a great sin in Islam, but there is no legal punishment for the person who attempts suicide. Availability of psychosocial care opens a new window for people who have harmed or will harm themselves.

There are ways to cope with thoughts of self-harm and suicide which will help people calm down and find solution for the problem.

Some of them are:

- Talking to someone, a friend, family member
- Distracting thoughts with other activities e.g. visiting relatives, prayers, helping others such as neighbors.
- Relaxing and focusing on something pleasant
- Finding another way to express feelings
- Focusing mind on positives things.

What you can do:

- Listen to the person without judging them as weak or bad
- Do not blame the person for the problem.
- Non critical approach can help them in the long term
- Help person to discuss about their self harm thoughts
- Don't give advice such as every thing is alright.
- Avoid confrontation unless necessary to prevent harmful acts.
- Help person to talk about recent stresses

Help the person and the family to realize that:

- Self harm is a serious problem
- Some people are more prone to these problems than others
- Suicidal thoughts can be part a serious illness
- Self harm can be in response to stressful events
- There are other ways to express feelings of distress
- Friends and family members can help to reduce the risk of self harm



Refer the person to nearest health facility where psychosocial counselling or mental health service is available.

Unexplained Somatic Complaints (USC)

Person with unexplained somatic complaint have no genuine physical disorder but manifest psychological conflicts with somatic symptoms. These people are usually more sensitive than other person to changes in the way their body works. The problem is more common among women. Some common, unexplained physical problems seen are:

- Headaches
- Lower back pain
- Pain in arms, legs or joints
- Abdominal pain or nausea and vomiting
- Body pain and muscle discomfort
- Difficulty in swallowing
- Dizziness
- Fainting spells

Patients with USC often have sleep problems, anxiety, and depression also. They usually have long, complicated medical histories and psychological distress with interpersonal problems. They have been to many physicians, done different lab tests, and had a variety of diagnosis, taken different medicine but with no improvement. The physical symptoms in USC are real and they are not intentionally produced. The cause of USC is not specific but symptoms begin or worsen with stress.

The treatment goal is to improve coping and function rather than to eliminate the symptom completely. Important components of general management include effective initial reassurance, a positive explanation, and practical advice. Some patients may be primarily concerned with obtaining relief from physical symptoms. Others may be worried about having a physical illness and be unable to believe that no physical condition is present.

What you can do:

- Engage the person in discussing how they are feeling.
- Listen to the person without judging them as weak.
- Explain that the pains are real and is not due to weakness or laziness.
- Don't be critical of them.
- Don't express your frustration at the person for having such symptoms.
- Don't give glib advice such as every thing is fine or cheer up

Help the person and the family to feel hopeful and optimistic and to realize that:

- Patient has a real medical condition
- Symptoms could be due to mental health problem

- This is not a weakness or character defect
- Appropriate and effective help is available from a doctors and/or counselor
- This is not laziness, the illness makes people motivationally challenged
- It takes a while to develop this illness and sometimes it takes a while to resolve, but will get better faster with the right help.
- It is difficult to be diagnosed with lab tests, x-ray etc.



Refer the patient to nearest health facility where psychosocial counselling or mental health service is available.

Relaxation exercises

(might be useful for clients who are under a lot of stress)

Muscle Relaxation Exercise (Jacobson)

- Ask your client to sit in a comfortable position. And explain that you will put him in a state of deep relaxation. This will be achieved by teaching him how to tense and relax specific muscles in her body.
- Start by making him aware of his breathing (see breathing exercise)
- Ask the client to close his eyes and to concentrate fully on his breathing. Wait some moments!
- Then give her the following instructions:
 - ⇒ **Wrinkle your forehead. Make your eyebrows touch your hairline and hold the tension for 10 seconds. Then relax and try to feel this relaxation in your whole body. Observe where you still are feeling tense. Observe also your breath as a result of this relaxation; take your time to feel those body sensations after each of the following exercises.**
 - ⇒ **Close your eyes as tightly as you can for 10 seconds. Relax...**
 - ⇒ **Lips, cheeks and jaw: Draw corners of your mouth back and grimace for 10 seconds. Relax...**
 - ⇒ **Extend arms in front of you and clench fists very tightly for 10 seconds. Relax...**
 - ⇒ **Extend arms out against an invisible wall and push forward with all your strength your hand for 10 seconds. Relax....**
 - ⇒ **Bend elbows. Tense biceps for 10 seconds or more with increasing strength. Relax...**
 - ⇒ **Shrug shoulders up to your ears for 10 seconds or more with increasing strength. Relax...**
 - ⇒ **Arch your back off the floor or bed. In a sitting position, arch your back away from the chair. Do this 10 seconds. Relax...**
 - ⇒ **Tighten your stomach muscles for 10 seconds or more with increasing strength. Relax...**
 - ⇒ **Tighten thigh muscles by pressing legs together as tightly as you can for 10 seconds or more with increasing strength. Relax...**
 - ⇒ **Bend ankles toward your body as far as you can for 10 seconds or more with increasing strength. Relax...**
 - ⇒ **Curl toes under as tightly as you can for 10 seconds or more with increasing strength. Relax...**
 - ⇒ **Do all the last exercises now at once, contract all muscles, make some faces**

hold you breath while increasing the tension, hold this for as long as you can with increasing strength and then relax....and feel how all muscles are relaxing and your whole body is sinking into the floor, your shoulders touch the floor and feel wide, open your mouth, the jaw falls down and start to yawn. Stay there and enjoy this feeling.



Ask the client if he/she feels relaxed. Ask him/her if she liked the exercise and if she learned where in her body she felt any tensions. Propose to the client to do this exercise at home.

Breathing exercise

- Choose a quiet room with little noise where you will have no interruptions
- Give your client the following instructions:
 - ⇒ Close you eyes or look at an object or on the wall. This will help you to concentrate
 - ⇒ After a moment, start concentrating of the rhythm of your breathing, observe your breath, especially the breathing out. Prolong gently the breathing out and wait till the breathing in comes all by itself
 - ⇒ Pay attention to how your body feels. Become aware of how your back feels, how you sit in your chair and in which way the bottom of your feet touch the ground
 - ⇒ Become aware of your breathing and inhale and exhale consciously
 - ⇒ Now concentrate on taking slow, deep, regular, steady breaths through the nose. Observe the rhythm of breathing in and out. Observe the pauses inbetween.
 - ⇒ When you exhale, imagine that you let go all tension in your body. If you feel while breathing somewhere is a barrier which disables you to breath through your whole body: then stay there! If you feel the pressure in your chest try to concentrate on it! Breath into this point and then let the pressure go in leaving the breath leave your body
 - ⇒ Imagine, that with every breath leaving your body: the worries, the pain, the thoughts also slowly leave you
 - ⇒ When you inhale, imagine that you take in new energy with each breath. You can take all this energy, as you own it!



- First explain the exercise, then instruct him in doing it, finally try to exercise together

so that the client does not feel observed

- Explain that he can exercise this daily and after a while use it in a variety of situations, when she/he needs to relax!

Crisis intervention in conflicts of domestic violence

As a nurse or midwife you might be confronted with clients who have experienced violence in the family. Victims of violence often feel great shame about the violence and blame themselves. The society also judges victims often, believing that if a person (woman) is subjected to violence she must have done something to deserve it. Therefore it is crucial, that the counsellor does not in any way have a judgemental attitude or suggests that the victim could be responsible for the violence.

The importance to support for the victim of violence

- Work from an understanding that domestic violence includes physical, sexual and emotional abuse, and that all forms of violence can have extreme consequences (being traumatised, being injured)
- Be fearless and explicit about your position on domestic violence
 - ⇒ Name the violent behaviours
- Domestic violence is recognized as a pattern of behaviour used to dominate and control or out of complete helplessness
 - ⇒ Explore together with your client this pattern of control and violence!
 - ⇒ Do not focus on particular incidents of the violence
- Safety of your client is very important in your work as a counsellor
 - ⇒ Therefore you should express your concerns for safety:
 - ❖ Find out the level of risk and whether the violence has escalated over time
 - ❖ The client should be able to identify warning signs of up-coming violence
 - ❖ Develop strategies together with the client how to avoid the aggression or what to do to get immediately out of it once it has started
 - ❖ Give your client "contact-details" so that she can ask you for help as soon as it is escalating



If the life of your client is in danger you have to act immediately!

Resources

- Moreover you should search for resources the person has to cope with the situation
 - ⇒ Family and friends
 - ⇒ Does she have some skills that she could use to work somewhere
 - ⇒ Does she have special talents



- Your patient needs to be treated with respect and she has to be sure that she will be heard and understood!
- Never forget that it is your client's right to make her own decisions which should be encouraged and respected at all times



The three guiding principles are: **Safety; confidentiality and respect.**

a) Safety

- Ensuring the safety and security of the victim should be the number one priority for all actors, at all times. Remember that the victim may be frightened and need assurance of her individual safety.

b) Confidentiality

- At all times, respect the confidentiality of the woman, and her family members and relatives.
- Share only necessary and relevant information (not all the details), with others involved in giving her help. This should ONLY be done if it is requested and agreed upon by the woman herself. Information about such cases should never be shared with others if it includes the individual's name or other identifying information. Information about the survivor should only be shared with third parties after seeking and obtaining the survivor's (or their parents,' in the case of children) explicit consent in writing.

c) Respect

- Conduct interviews in private settings and with same-gender workers, wherever possible.
- Be a good listener.
- Maintain a non-judgmental manner.
- Be patient; do not press for more information if the survivor is not ready to speak about her experience.
- Ask only relevant questions as it relates to the case.
- Avoid having the woman to repeat her story in multiple interviews.
- Non-discrimination principle: Do not laugh or show any disrespect for the individual or her culture, family or situation.

Working in a team

- The mental health system (BPHS) established in Afghanistan, offers the possibility to work as an interdisciplinary team! This team consists of illiterate Health workers, midwives, nurses, MD's and psychological counsellors
- Each group has a specific scope of duties, and a well-coordinated collaboration across these groups has the potential to be successful in treating patients
 - ⇒ Each group should use the knowledge and the skills offered by the other groups
 - ⇒ A counsellor who is not sure about the physical condition of his patient should ask the MD for advice!

1. Characteristics of the team

As a team you have overlapping tasks, namely coordination, communication, shared responsibility and collaboration

- 1) For **coordination** it is necessary to learn and to understand the roles and responsibilities of the other team members, so that your team can function effectively
 - ⇒ Therefore try to get familiar with the roles, functions and skills of the different groups
 - ⇒ As the focus of the team should be on the needs of the patient, it is important to gather skills and knowledge of all team members
- 2) There has to be an ongoing **communication** among team members and with patients and families to ensure that various aspects of patients' needs are integrated and addressed
 - ⇒ Communication is the process of transmitting and understanding information and ideas; so the team develops shared understanding!
 - ⇒ Therefore the team should meet regularly, in order to discuss and to help each other in treating the patients
 - ⇒ The social value of face to face contact should not be underestimated, as trust, respect, team identity and familiarity with one another's way of working are all developed here
 - ⇒ Members who work too much on their own and who lose touch with how their work relates to others can reduce the whole team effectiveness!
- 3) It should be very clear, in which way the **responsibility** for the work is shared
 - ⇒ Knowing who is responsible for what creates a clear working atmosphere and enables and obligates each member of the team to do his work carefully
- 4) **Collaboration** works best when team members share values and vision, and learn to work well with each other. It is important that team members know that when they pass the ball their team mates will not drop it
 - ⇒ In order to be successful members do whatever is needed!

⇒ The team should be encouraged to recognise that the project is not just one person's effort, as all members are needed



- Effective teamwork is possible if the members identify with the team, share visions and team objectives, communicate in a proper way, collaborate, and reflect the work of the team and themselves!
- Successful teams are characterised by a team spirit based around trust, mutual respect, helpfulness and – at best – friendliness

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